

ANNUAL STUDENT ENROLLMENT FORM
School Year 2014 - 2015
Grade in School Year 2014 - 2015:
School in SY 2014 - 2015: _____

DCPS Student ID #: _____

(Print all information)
STUDENT INFORMATION

1. Last Name		2. First Name		3. Middle Name	4. Country of Birth	5. Date of Birth
6. Address				7. Apt. No.	8. Home Telephone Number	
9. City			10. State		11. ZIP Code	
12. Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to Respond			13. Student's Home Language(s):			
14. School Last Attended:		Dates Attended:		Previous School Address:		
<input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Other		Month/Date/Year ____ - ____		City	State	ZIP Code
15. Health Insurance or Medicaid Information Provider: _____ Policy Number: _____ List any medical conditions of which the school should be aware.				For students new to DCPS, please indicate whether or not your child has a(n): IEP (Individualized Education Program) Yes <input type="checkbox"/> or No <input type="checkbox"/> If yes, IEP review date: _____ Section 504 Accommodation Plan Yes <input type="checkbox"/> or No <input type="checkbox"/>		
16. Student's Siblings		A.	B.	C.		
Student's Siblings' Schools						
17. Ethnic Designation: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino				17b. Race - choose one or more <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> White		

PARENT/GUARDIAN INFORMATION AND OTHER PRIMARY CAREGIVER INFORMATION*

18. Parent or Guardian		Relationship	<input type="checkbox"/> Active Military <input type="checkbox"/> Reserve Military	19. Parent or Guardian		Relationship	<input type="checkbox"/> Active Military <input type="checkbox"/> Reserve Military
Address		Apt. No.		Address		Apt. No.	
City	State	ZIP Code		City	State	ZIP Code	
Email Address		Preferred Language of Communication		Email Address		Preferred Language of Communication	
Cell Number		Work Number		Cell Number		Work Number	
Employer's Name/Address				Employer's Name/Address			
City	State	ZIP Code		City	State	ZIP Code	

EMAIL AND TEXT COMMUNICATION*

20. <input type="checkbox"/> I would like to receive email messages from my child's principal and DC Public Schools at the address listed above OR the address listed below. Email address: _____ @ _____	<input type="checkbox"/> I would like to receive text messages from DC Public Schools at the number listed above OR the number listed below. I understand standard messaging and data rates may apply. Cell phone number: () _____
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IN CASE OF EMERGENCY

21. Emergency Contact Person (other than parent/guardian)		Relationship	Home Number () _____		Work Number () _____
Address		City	State	ZIP Code	Cell Number () _____

RESIDENCY STATUS (CHECK ONE ☒)

22. <input type="checkbox"/> D.C. Resident (Student and parent or guardian live in D.C.)	<input type="checkbox"/> Nonresident
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HOUSING STATUS (CHECK ALL THAT APPLY ☒)

23. <input type="checkbox"/> Permanent	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Doubled Up	<input type="checkbox"/> Awaiting Foster Care
<input type="checkbox"/> Shelter	<input type="checkbox"/> Unsheltered	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Unaccompanied Youth

* DCPS agrees that the data/information provided in the Student Enrollment Form remain confidential and shall only be used for legitimate DCPS business. I completed this form and I certify that the information above is accurate. I understand that providing false information for purposes of defrauding the government is punishable by law. Form should not be signed prior to April 1. Information provided on this form should be applied consistently throughout enrollment documentation.

*Signature of Parent/ Guardian with Whom Student Lives or Student Who is 18 or Older.

Date